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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(For use with Form PTO/SB/06)

Application Number _____ Filing Date _____

Applicant(s) _____

Gregory P. Frankiewicz

* May be used for additional claims or amendments

| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | Indep | Depend | Indep | Depend | Indep | Depend |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|--------------|--------|-------|--------|-------|--------|
| | Indep | Depend | Indep | Depend | Indep | Depend | | | | | | |
| 1 | 1 | | | | | | 51 | 6 | | | | |
| 2 | | 1 | | | | | 52 | | | | | |
| 3 | | 1 | | | | | 53 | | | | | |
| 4 | | 1 | | | | | 54 | | | | | |
| 5 | | 1 | | | | | 55 | | | | | |
| 6 | | 1 | | | | | 56 | | | | | |
| 7 | | 1 | | | | | 57 | | | | | |
| 8 | | 1 | | | | | 58 | | | | | |
| 9 | | 1 | | | | | 59 | | | | | |
| 10 | | 1 | | | | | 60 | | | | | |
| 11 | | 1 | | | | | 61 | | | | | |
| 12 | | 1 | | | | | 62 | | | | | |
| 13 | | 6 | | | | | 63 | | | | | |
| 14 | | 6 | | | | | 64 | | | | | |
| 15 | | 6 | | | | | 65 | | | | | |
| 16 | | 1 | | | | | 66 | | | | | |
| 17 | | 1 | | | | | 67 | | | | | |
| 18 | | 1 | | | | | 68 | | | | | |
| 19 | | 1 | | | | | 69 | | | | | |
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| 21 | | 1 | | | | | 71 | | | | | |
| 22 | | 1 | | | | | 72 | | | | | |
| 23 | | 6 | | | | | 73 | | | | | |
| 24 | | 6 | | | | | 74 | | | | | |
| 25 | | 6 | | | | | 75 | | | | | |
| 26 | | 1 | | | | | 76 | | | | | |
| 27 | | 1 | | | | | 77 | | | | | |
| 28 | | 1 | | | | | 78 | | | | | |
| 29 | | 1 | | | | | 79 | | | | | |
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| 36 | 1 | | | | | | 86 | | | | | |
| 37 | | 1 | | | | | 87 | | | | | |
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| 39 | | 1 | | | | | 89 | | | | | |
| 40 | | 1 | | | | | 90 | | | | | |
| 41 | | 3 | | | | | 91 | | | | | |
| 42 | | 1 | | | | | 92 | | | | | |
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| 47 | | 1 | | | | | 97 | | | | | |
| 48 | | 1 | | | | | 98 | | | | | |
| 49 | | 6 | | | | | 99 | | | | | |
| 50 | | 6 | | | | | 100 | | | | | |
| Total Indep | 2 | | | | | | Total Indep | | | | | |
| Total Depend | 96 | | | | | | Total Depend | | | | | |
| Total Claims | 98 | | | | | | Total Claims | | | | | |

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1ST AMENDMENT | | AFTER 2ND AMENDMENT | |
|--------------|----------|-----|---------------------|-----|---------------------|-----|
| | IND | DEP | IND | DEP | IND | DEP |
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| TOTAL IND. | 2 | | | | | |
| TOTAL DEP. | 96 | | | | | |
| TOTAL CLAIMS | 88 | | | | | |

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| TOTAL IND. | | | | | | |
| TOTAL DEP. | | | | | | |
| TOTAL CLAIMS | | | | | | |

*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

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